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## BIB DATA SHEET

CONFIRMATION NO. 4202

<b>SERIAL NUMBER</b> 09/997,894	<b>FILING or 371(c) DATE</b> 11/30/2001 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> 0922/63690	
<b>APPLICANTS</b> Michael Hutchinson, New York, NY; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/250,301 11/30/2000 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 12/14/2001					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/RUTH S SMITH/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 17	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> COOPER & DUNHAM, LLP 30 Rockefeller Plaza 20th Floor NEW YORK, NY 10112 UNITED STATES					
<b>TITLE</b> MRI detection and staging of parkinson's disease and detection of progressive supranuclear palsy					
<b>FILING FEE RECEIVED</b> 477	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		